

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012817

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3725

STATE FILE NUMBER

FILED APR 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in lb
60 Yrs.

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4922 Aldine PlaceInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4922 Aldine PlaceReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First ALONZO

Middle

Last IVERS

4. DATE OF DEATH

Month 4

Day 8

Year 62

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/19/849. AGE (last birthday)
78IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Shoemaker10b. KIND OF BUSINESS OR INDUSTRY
Moulding11. BIRTHPLACE (City and state or country)
St. Joseph, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Alonzo Ivers

13b. MOTHER'S MAIDEN NAME

Nancy Jane Jones

14. NAME OF HUSBAND OR WIFE

Ericha Ivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ericha Ivers 4922 Aldine Pl.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Prostate

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Art. Scel. Heart Disease

DUE TO (c)

177x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
8:45 P.M.Hour a.m.
Month, Day, Year
4/8/6220d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-13-61 to 4-8-62 and last saw him alive on 4-8-62

845 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert J. Farrell M.D.

22b. ADDRESS

624 N. 4th

22c. DATE SIGNED

4/9/62

23a. BURIAL, CREMATION, OR OTHER (Specify)

23b. DATE

4/11/62

23c. NAME OF CEMETERY OR CREMATORY

Friedens Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Calvin F. Feutz 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

APR 9 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

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Robert J. Farrell MD
634 Union St 7-1619
1 - 4 PM ONLY
AFTER 3 PLEASE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Muhleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.